

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **LOVE AND GRACE MINISTRIES, INC.**
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **Daniel Gibbs**
Name (Printed or typed)

16000 N.W. 18 Place

Address

Miami Gardens FL 33054

City, State & Zip

786-543-6339

Daytime Telephone number

adanielgibbs@aol.com

E-mail address: (to be used for future annual report notification)

FILED
14 OCT -5 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: LOVE AND GRACE MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16000 N.W. 18 Place

Miami Gardens FL 33054

Mailing address, if different is:

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14 OCT -6 PM 4:24
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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide ministry, care and support to the youth and the elderly.

Also to create jobs and services in the community.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By appointment

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Gibbs

Address: 16000 N.W. 18 Place
Miami Gardens FL 33054

ARTICLE VII INCORPORATOR

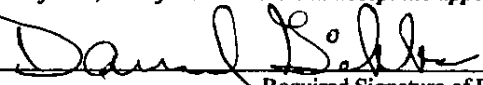
The name and address of the Incorporator is:

Name: Kimberly Graves

Address: 2321 W. Lake Miramar Circle
Miramar FL 33025

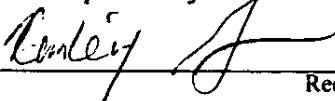
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

9/29/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

9/29/14
Date